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FORM	

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Total Number of Pages in This Submission

Application Number	10/602,558	
Filing Date	6/24/2003	
First Named Inventor	David K. Sanderson	
Art Unit	3763	
Examiner Name	Leonid M. Fastovsky	
Attorney Docket Number	ENDOS-64894 (GES-0024 P)	

	ENCLOSURES (check all that apply	y)		
Fee Transmittal Form	Drawing(s)	After Allowance communication to Technology Center (TC)		
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply	Petition	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Final	Petition to Convert a Provisional Application	Proprietary Information		
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address	Status Letter		
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):		
Express Abandonment Request	Request for Refund	Postcard		
Information Disclosure Statement	CD, Number of CD(s)			
Certified Copy of Priority Document(s)	Remarks	II		
Response to Missing Parts/ Incomplete Application	CUSTOMI	ER NO. 24201		
Response to Missing Parts under 37 CFR 1.52 or 1.53				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm John V. Hanley or FULWIDER PATTON LEE & UTECHT, LLP Individual name				
Signature Jr. /				
Date 8/25/2004				

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Docket No.: ENDOS-64894 (GES-0024 P)
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of

Inventor: David K. Sanderson

Serial No. 10/602,558

Filed: June 24, 2003

For: DUAL LUMEN PEEL-AWAY SHEATH

INTRODUCER

Date: August 25, 2004

Examiner: Leonid M. Fastovsky

Group Art Unit: 3742

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on August 25, 2004.

John V. Manley, Reg. No. 38,174

AMENDMENT

Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-referenced application as indicated below.